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Female Genital Mutilation (FGM)

The purpose of FGM is to curb the sexual desire of girls and women and preserve their "sexual honor" before marriage. The massive mutilation is irreversible and extremely painful, and is usually done to young girls.

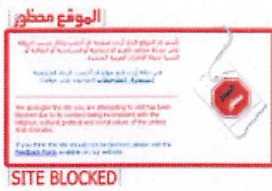


Practiced in Egypt, Syria, Jordan, Oman, Yemen, Sudan, Somalia, Djibouti, Mauritania, Saudi Arabia, Iraq, Iran, amongst others, FGM is carried out with knives, scissors, scalpels, pieces of glass or razor blades. The mutilation is usually done without anesthetics. Instruments are usually not sterile. Mortality is high.

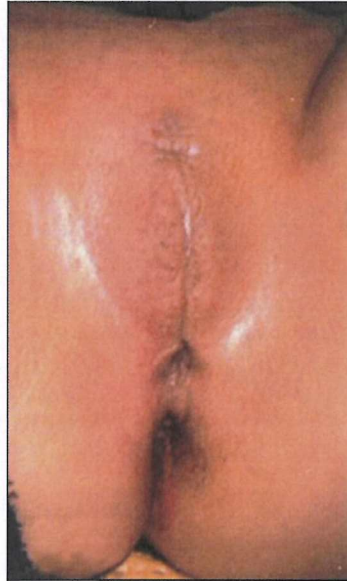
The practice has dreadful costs: many girls die afterwards, the survivors suffer their whole life from the psychological and medical consequences of the operation. All are traumatized

EXHIBIT 65
TO DECLARATION OF
WILLIAM LIVINGSTON

Honor 2006":

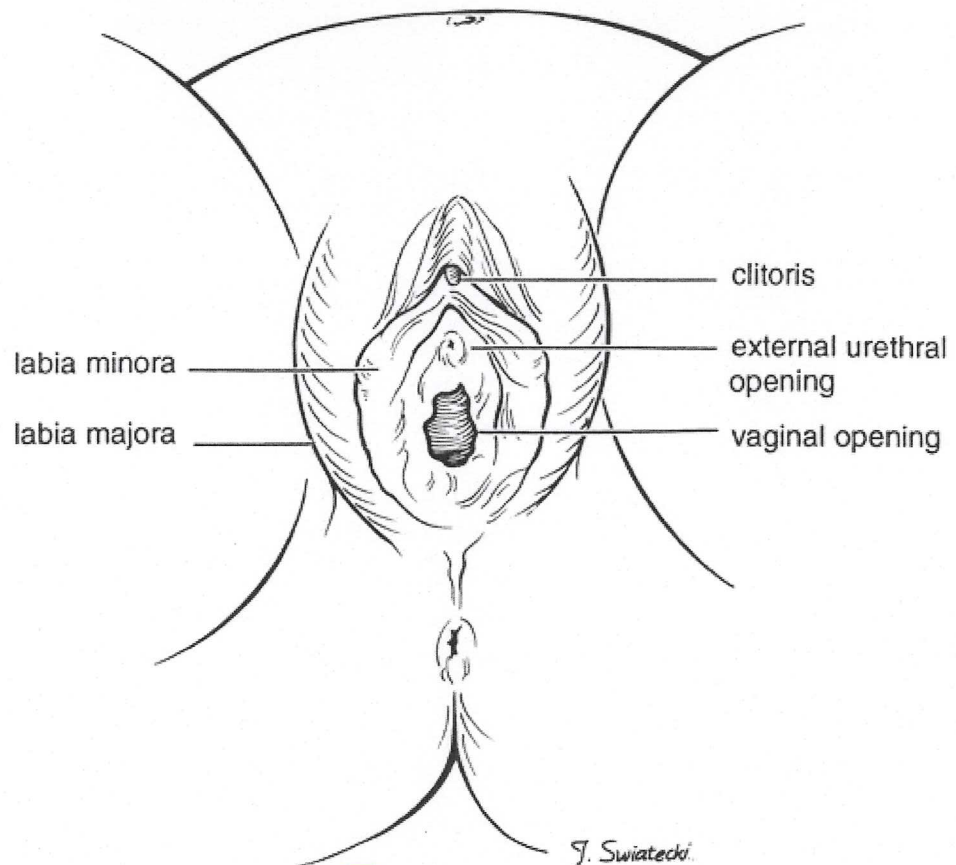


and suffer from adverse health effects during marriage and pregnancy.



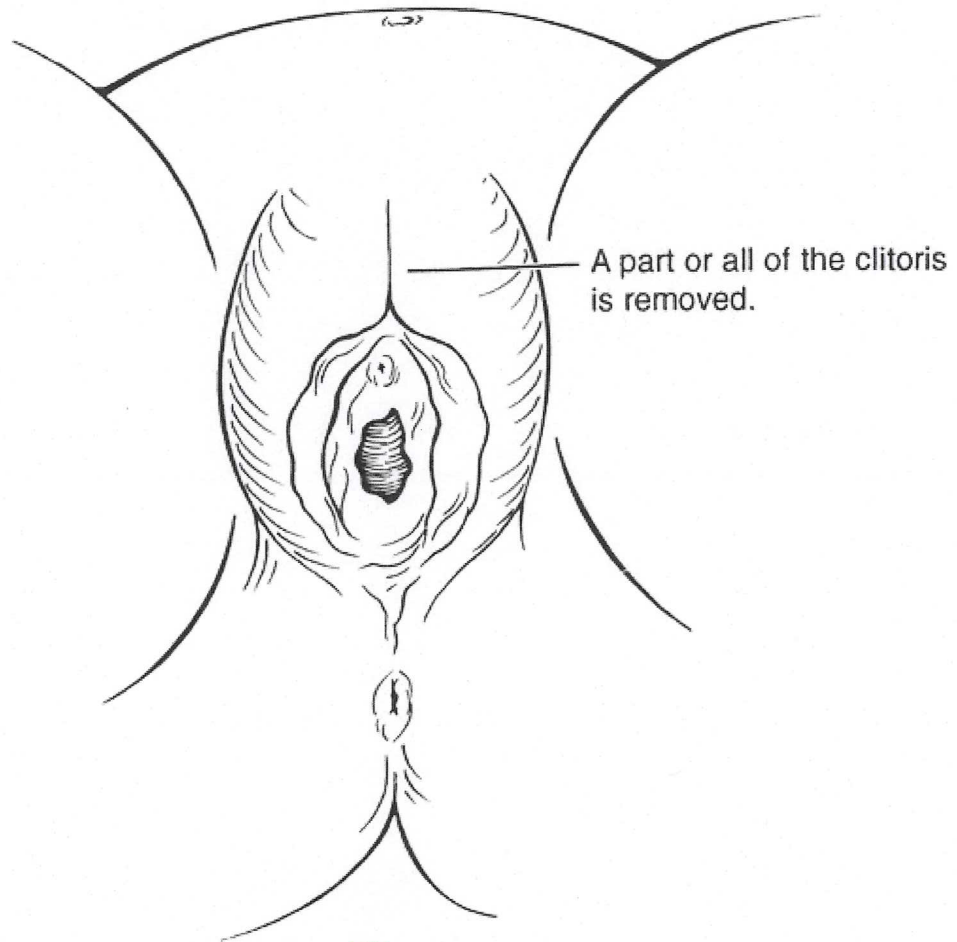
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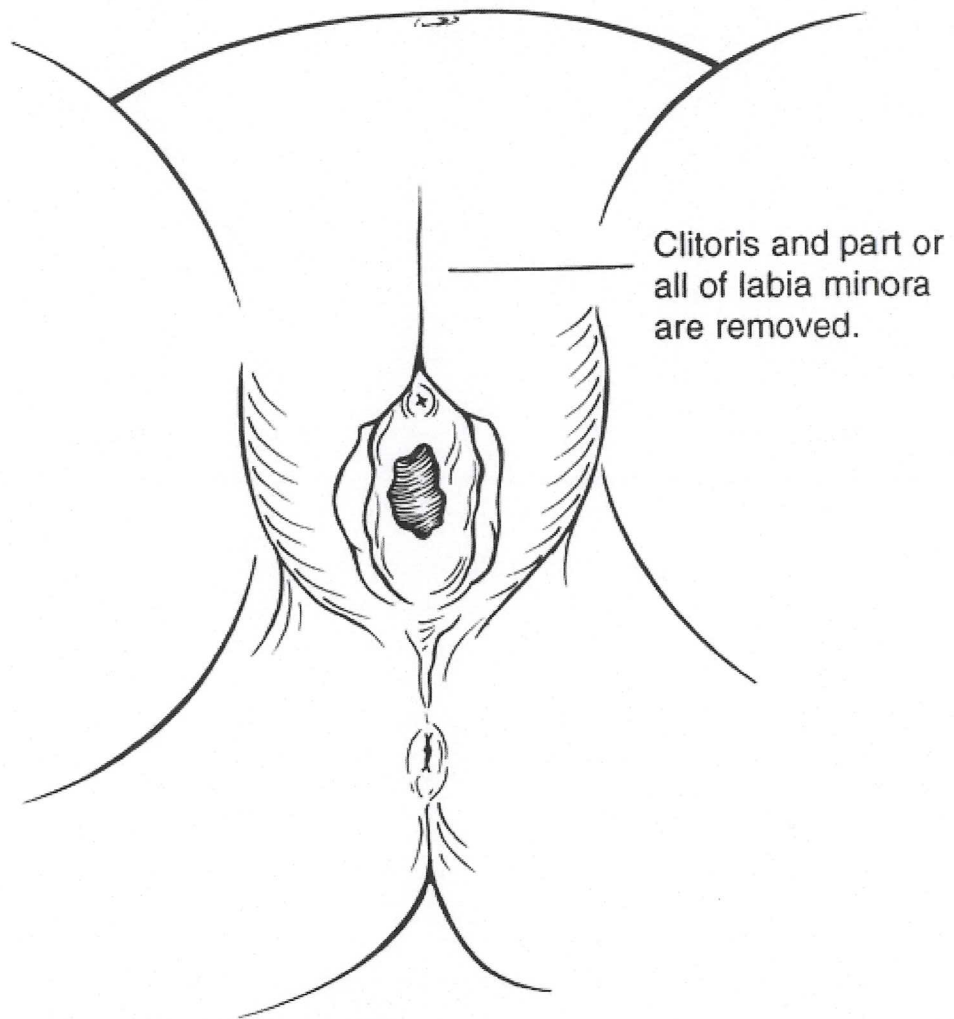



[Normal female genital anatomy](#)

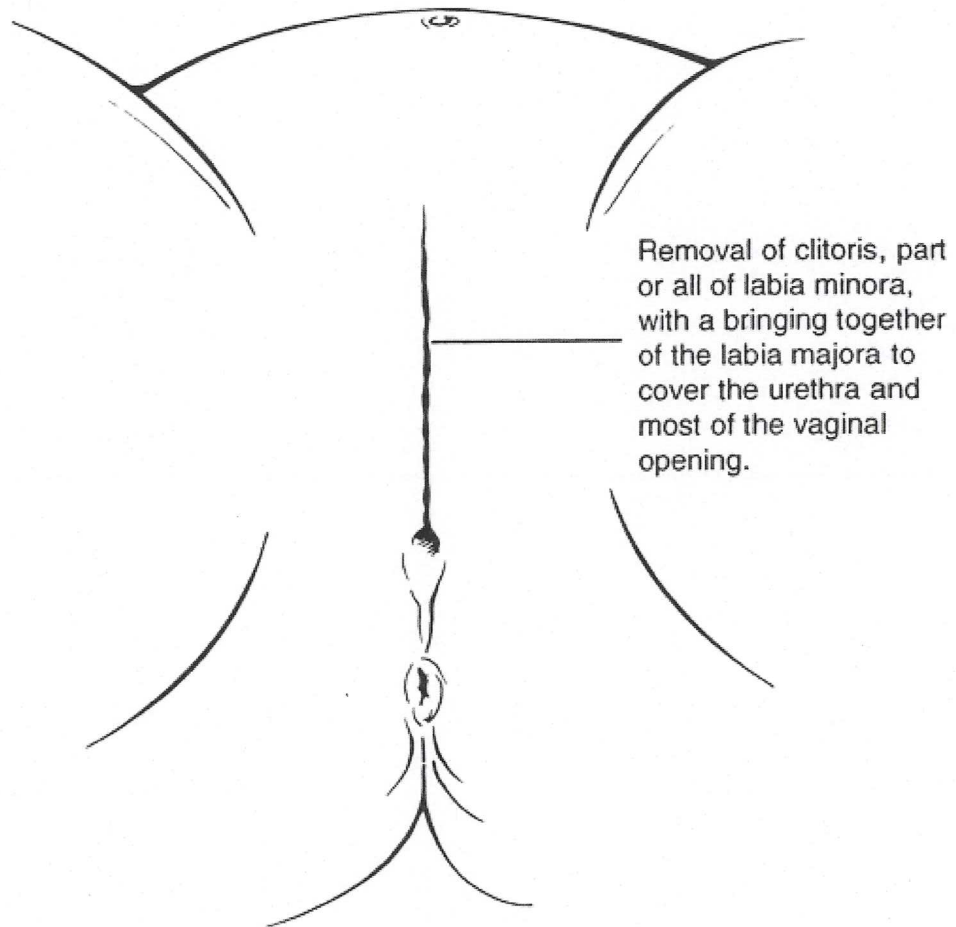
(from American Academy of Pediatrics, PEDIATRICS Vol. 102 No. 1 Jul 1998, pp. 153-156)



[Type I female genital mutilation](#), 
[from American Academy of Pediatrics. PEDIATRICS Vol. 102 No. 1 Jul 1998. pp. 153-156:](#)
"Type I FGM, often termed clitoridectomy, involves excision of the skin surrounding the clitoris with or without excision of part or all of the clitoris (Fig 2). When this procedure is performed in infants and young girls, a portion of or all of the clitoris and surrounding tissues may be removed. If only the clitoral prepuce is removed, the physical manifestation of Type I FGM may be subtle, necessitating a careful examination of the clitoris and adjacent structures for recognition."



[Type II female genital mutilation](#), 
[from American Academy of Pediatrics. PEDIATRICS Vol. 102 No. 1 Jul 1998. pp. 153-156:](#)
"Type II FGM, referred to as excision, is the removal of the entire clitoris and part or all of the labia minora. Crude stitches of catgut or thorns may be used to control bleeding from the clitoral artery and raw tissue surfaces, or mud poultices may be applied directly to the perineum. Patients with Type II FGM do not have the typical contour of the anterior perineal structures resulting from the absence of the labia minora and clitoris. The vaginal opening is not covered in the Type II procedure."



Type III female genital mutilation, ↑

American Academy of Pediatrics, PEDIATRICS Vol. 102 No. 1 Jul 1998, pp. 153-156:

"Type III FGM, known as infibulation, is the most severe form in which the entire clitoris and some or all of the labia minora are excised, and incisions are made in the labia majora to create raw surfaces. The labial raw surfaces are stitched together to cover the urethra and vaginal introitus, leaving a small posterior opening for urinary and menstrual flow. In Type III FGM, the patient will have a firm band of tissue replacing the labia and obliteration of the urethra and vaginal openings."

NO GRAPHICS AVAILABLE

Type IV female genital mutilation.


American Academy of Pediatrics, PEDIATRICS Vol. 102 No. 1 Jul 1998, pp. 153-156:

"Type IV includes different practices of variable severity including pricking, piercing or incision of the clitoris and/or labia; stretching of the clitoris and/or labia; cauterization of the clitoris; and scraping or introduction of corrosive substances into the vagina.

The physical complications associated with FGM may be acute or chronic. Early, life-threatening risks include hemorrhage, shock secondary to blood loss or pain, local infection and failure to heal, septicemia, tetanus, trauma to adjacent structures, and urinary retention.^{13,14} Infibulation (Type III) is often associated with long-term gynecologic or urinary tract difficulties. Common gynecologic problems involve the development of painful subcutaneous dermoid cysts and keloid formation along excised tissue edges. More serious complications include pelvic infection, dysmenorrhea, hematocolpos, painful intercourse, infertility, recurrent urinary tract infection, and urinary calculus formation. Pelvic examination is difficult or impossible for women who have been infibulated, and vaginal childbirth requires an episiotomy to avoid serious vulvar lacerations.

Less well-understood are the psychological, sexual, and social consequences of FGM, because little research has been conducted in countries where the practice is endemic. However, personal accounts by women who have had a ritual genital procedure recount

anxiety before the event, terror at being seized and forcibly held during the event, great difficulty during childbirth, and lack of sexual pleasure during intercourse."

 [Stop female genital mutilation: appeal to the international dermatologic community](#)
(International Journal of Dermatology 2002, 41, 253-263)

Related information:

[Subjugation of Women and Child Abuse](#)

[Genocide, Slavery, Female Genital Mutilation \(FGM\)](#)

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Typical tools  for carrying out female genital mutilation (DW-World, May 4, 2004) | Others





Sterile mutilation ↑ , performed in a hospital | Not sterile and no anesthetics ↓

